

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

April 7, 2009

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Liquor El Paisa, 100 North 1<sup>st</sup> Street requesting a class D off sale liquor license.

Jose Menese, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jose Menese was born in Las Angeles, California. He attended Crete High School graduating in 2006.

Jose Menese employment history is as follows:

2007 - Present                      Service, Farmland                      Crete, NE.

Mr. Menese will be completing the required training on May 14<sup>th</sup> 2009.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



## APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/

45dap= 5-15-09

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NEBRASKA LIQUOR  
CONTROL COMMISSION

### CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES

#### CHECK DESIRED CLASS(S)

## RETAIL LICENSE(S)

<input type="checkbox"/>	A	BEER, ON SALE ONLY		Application Fee	\$45.00
<input type="checkbox"/>	B	BEER, OFF SALE ONLY			\$45.00
<input type="checkbox"/>	C	BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE			\$45.00
<input checked="" type="checkbox"/>	D	BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY			\$45.00
<input type="checkbox"/>	I	BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY			\$45.00
<input type="checkbox"/>		Class K Catering license (requires catering application form)			\$100.00

Brian will said this location  
requires a special permit  
(in process)

## MISCELLANEOUS

		Application Fee	Bond Required
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$145.00 1 to 100 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$245.00 100 to 150 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$395.00 150 to 200 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$545.00 200 to 300 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$695.00 300 to 400 barrel*	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$745.00 400 to 500 barrel*	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Copy of TTB permit (if applying for L, V, W, X, Y or Z)		

\*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31<sup>st</sup>All other licenses expire April 30<sup>th</sup>

Catering license (K) expires same as underlying retail license

## TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☒ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☐ Corporate License (requires insert form 3a & 3c)  
☐ Limited Liability Company (requires form 3b & 3c)

## NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

Name Jose Luis Meneses Phone number: (402) 309-3117

Firm Name \_\_\_\_\_

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NEBRASKA LIQUOR  
CONTROL COMMISSION

N 1st ST

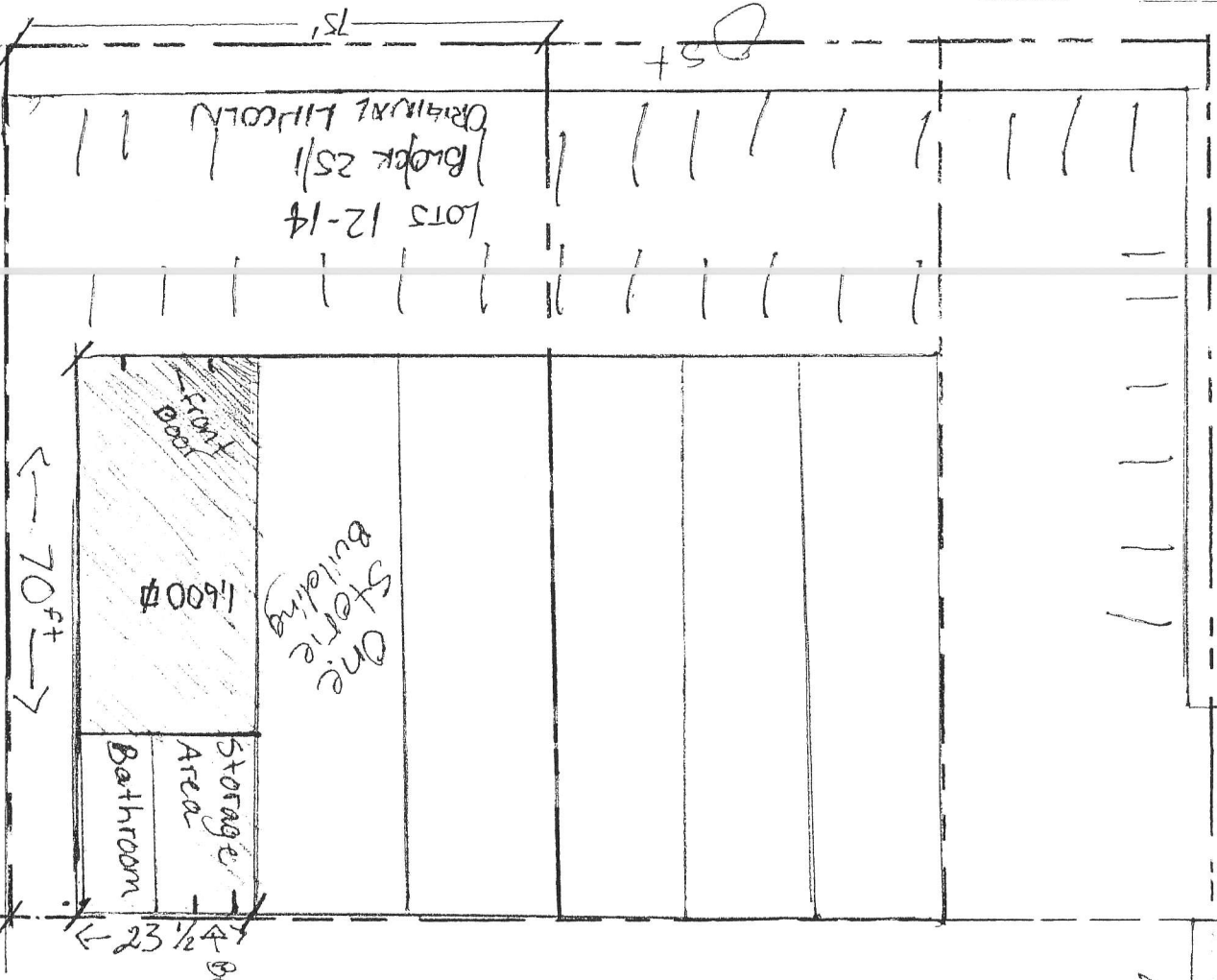
W

- 108' 0" STREET, STE #106
- PARKING PER I-1 ZONING

Shaded area will  
be the license premises

Back door

23 1/2'



CT

**PREMISE INFORMATION**Trade Name (doing business as) Liquor El PaisaStreet Address #1 100 north 1<sup>st</sup> street stE #60Street Address #2 City Lincoln, NE County Lancaster # Zip Code 68528Premise Telephone number (402) 309-3117

Is this location inside the city/village corporate limits:



YES

city



NO

Mail address (where you want receipt of mail from the commission)

Name Jose MenesesStreet Address #1 540 michelle drStreet Address #2 N/ACity crete State NE Zip Code 68333**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

one story building approx 24 x 70

no basement

# APPLICANT INFORMATION

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## 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or pleaded guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

*speeding*  
I was pulled over by an officer, with a suspended driver licence. I went to court on 3-11-09 with my licensed reinstated. I only received a fine of \$160 dollars. I currently don't have any other charges.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number \_\_\_\_\_

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment  
b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender \_\_\_\_\_

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application. \_\_\_\_\_

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner. \_\_\_\_\_

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. \_\_\_\_\_

**No silent partners**

8. Are your premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Wells Fargo Jose Meneses

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

none

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- ☒ a) Individual, applicant only (no spouse)  
☐ b) Partnership, all partners (no spouses)  
☐ c) Corporation, manager only (no spouse)  
☐ d) Limited Liability Company, manager only (no spouse)

Training Required

Name:	Date:	Where:
José Luis Meneses		

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date 3-17-2011 ~~April 30-2012~~  
☐ Deed  
☐ Purchase Agreement

lease expires

14. When do you intend to open for business? right after getting liquor license

15. What will be the main nature of business? off sale liquor sale & possibly delivery

16. What are the anticipated hours of operation? 7 days a week from 10:00 am to 1:00 am

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
Grand Island, NE	98	2000			
Lincoln, NE	2000	2001			
Crete, NE	2001	2009			
Wilber, NE	Two months		2008		

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

[Signature]  
Signature of Applicant

[Signature] Maricarmen Molina  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of Nebraska

County of LANCASTER

County of Saline

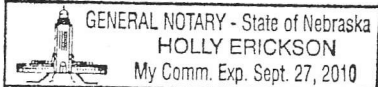
The foregoing instrument was acknowledged before me this 27 day of March, 2009 by

The foregoing instrument was acknowledged before me this 27 day of March, 2009 by

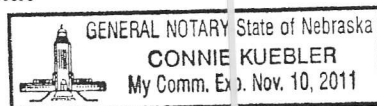
Jose Luis MENESES  
Holly Erickson  
Notary Public signature

Maricarmen Molina  
Connie Kuebler  
Notary Public signature

Affix Seal Here



Affix Seal Here



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APPLICATION FOR LIQUOR LICENSE  
INDIVIDUAL  
INSERT - FORM 1

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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CONTROL COMMISSION

Individual applicants, including spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Applicant may be required to take a training course

Name of individual applicant who will hold license

Last Name: Meneses

First Name: Jose

MI: L

Home Address: 540 michelle dr City: Crete Zip Code: 68333

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Telephone Number: (402) 309-3117

Drivers License Number: 4

State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

Spousal

☒ YES

☐ NO

If yes, provide your spouse's information below

Spouses Last Name: Molina

Spouses First Name: Mary carmen

MI: L

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drivers License Number: does not drive

State: NE

per Jose

In compliance with the ADA, this individual insert form 1 is available in other formats for person with disabilities.  
A ten day advance period is required in writing to produce the alternate format.





## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

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NEBRASKA LIQUOR  
CONTROL COMMISSION

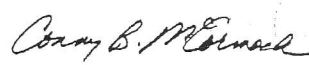
104 -

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA

18819029148

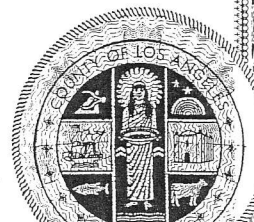
STATE BIRTH CERTIFICATE NUMBER		12. MIDDLE		10. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF CHILD—FIRST		12. MIDDLE		10. LAST			
JOSE		LUIS		MENESES			
THIS CHILD	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND ETC.	14A. DATE OF BIRTH—MONTH DAY YEAR		14B. HOUR—(24 HOUR CLOCK TIME)	
	MALE	SINGLE	-			1250	
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY			5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION)			
	UCLA MEDICAL CENTER			10833 LE CONTE AVE			
FATHER OF CHILD	6A. NAME OF FATHER—FIRST			6B. MIDDLE		6C. LAST	
	ROBERTO			-		MENESES	
MOTHER OF CHILD	8A. NAME OF MOTHER—FIRST			8B. MIDDLE		8C. LAST (BIRTH NAME)	
	MARTHA			ESTELA		OLMEDO	
PARENT'S CERTIFICATION	1. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE			12A. PARENT OR OTHER INFORMANT—SIGNATURE		12B. RELATIONSHIP TO CHILD	
				Martha Almedo		MOTHER	
ATTENDANT'S CERTIFICATION	1. I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED			13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE		13B. LICENSE NUMBER	
				Andrea Rapkin MD		G42583	
LOCAL REGISTRAR	15. DEATH—ENTER DATE OF DEATH			16. LOCAL REGISTRAR—SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION	
				Roberto M. M...		MAY 02 1988	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.


  
CONNY B. MCCORMACK
   
Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying Seal and Signature of the Registrar-Recorder County Clerk.

OCT 20 2006


  
\*19-0568615\*


# **SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Maricarmen Molina C.

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Nebraska

State of Maricarmen Molina

County of Saline

March 27, 2009  
date

Connie Kuebler  
Notary Public signature

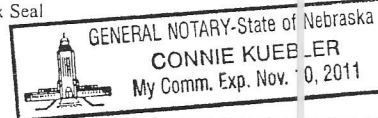
Maricarmen Molina

Printed name of spouse asking for waiver

The foregoing instrument was acknowledged before me this

by Maricarmen Molina  
name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Jose Meneses  
Signature of individual involved with application  
(Spouse of individual listed above)

State of NEBRASKA

County of LANCASTER

25th day of March, 2009  
date

Holly Erickson  
Notary Public signature

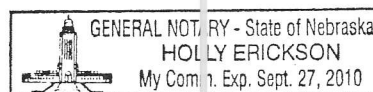
Jose Meneses

Printed name of applying individual

The foregoing instrument was acknowledged before me this

by JOSE LUIS MENESES  
name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.